

Donna Breslow

✓
State Street Corp.

Amendment Petition to Civil Action 20-212 United States District
Court for the Eastern District of Pennsylvania

2020 JUL 15 P 2:12
USDC-EDPA
CLERK

1. I, Jordan Breslow, now mount this pro se on behalf of my mother. As her son and heir I will take this case forward. See the attached death certificate and correspondence to opposing counsel.

2. I will attempt to clarify and remedy what His Honor has stated and move the complaint forward.

- The issue of Donna Breslow's disability and its serious effects will be attested to by Mrs. Breslow's primary physician Angela Michele, MD, MSCE in a deposition at a time of the court's choosing. Dr. Michele will outline as a licensed medical practitioner and doctor to Mrs. Breslow the degree and severity of her disability (both cognitive and physical). As well as has the ability to cite Mrs. Breslow extensive medical file personally.

- A complaint has been filed with EEOC (to obtain the Right to Sue Letter) but administrative backlog (please see the attached correspondence) requires a continuation on that matter.

- Sex Discrimination

1. Yes, a female employee over 40 is a protected class

2. Donna Breslow was eminently qualified distinguished graduate of the George Washington University in 1983, decades of meritorious work experience, and above average and excellent performance reviews that State Street has on file

3. Donna Breslow was never above Assistant Vice President.
4. Men and/or younger women with less merit were promoted.
5. Points 4 & 5 can be corroborated in depositions and discovery.

- Hostile Environment

1. A woman in a male dominated workplace.
2. Donna Breslow frequently sexually propositioned in the work by male superiors in exchange for advancement. Mr. Joseph Firmani and Mr. Gerry Chille are two such individuals. The nature of this environment was severe and pervasive.
3. Donna Breslow never responded or satisfied those advances. She was detrimentally affected by not ever receiving meritorious promotion.
4. Sexual pressure and pressure to perform sex acts for advancement would affect any reasonable person.
5. Mr. Joseph Firmani and Mr. Gerry Chille are and/or were State Street Corp officers/employees. A company is deemed responsible for their actions.

- Age Discrimination

1. Yes, the plaintiff is (was at filing) 40 years or older
2. No Senior Woman Assistant Vice President in the Berwyn location as of separation
3. Yes, highly qualified. A distinguished graduate of the George Washington University in 1983, decades of meritorious work experience, and above average and excellent performance reviews that State Street has on file

4. Many duties were being reassigned to younger employees, who to add insult to injury Donna Breslow was required to assist in training.

- FMLA Interference

1. Yes, an eligible employee under the FMLA
2. Yes, State Street Corp is subject to the FMLA of 1993
3. Yes, Donna Breslow was entitled to leave and as medical documents attached show, greater leave.
4. Yes, the Defendant has the full FMLA file. See will request it in the discovery phase.
5. Yes, Donna Breslow was entitled to leave and as medical documents attached show, greater leave. State Street pushed her off leave to Long Term Disability and COBRA as a cost-cutting measure. Her own doctor argued her position should be saved for a little while longer (see attached). Clear FMLA non-compliance on State Street Corp's part.

7/15/2020

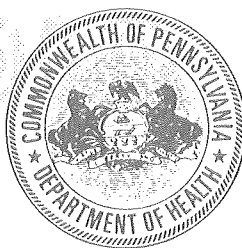
Signed
Petitioner

Jordan
Breslow

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 26830124

Certification Number

Linda P. Eagen APR/13/2020
Local Registrar Date Issued

Type/Print In
Permanent
Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 328892-2020

1. Decedent's Legal Name (First, Middle, Last, Suffix) Donna Breslow				2. Sex Female		3. Social Security Number 175-46-3801		4. Date of Death (Month dd, yyyy) April 09, 2020	
5a. Age-Last Birthday (Yrs) 59		5b. Under 1 Year Months: Days: Hours: Minutes:		5c. Under 1 Day Hours: Minutes:		6. Date of Birth (Mo/Day/Year) (Spell Month) March 03, 1961		7a. Birthplace (City and State or Foreign Country) Allentown, Pennsylvania	
8a. Residence (State or Foreign Country) Pennsylvania		8b. Residence (Street and Number - Include Apt No.) 112 S 19th Street #2303				8c. Did Decedent Live in a Township? <input type="checkbox"/> Yes, decedent lived in _____ twp.			
8d. Residence (County) Philadelphia		8e. Residence (Zip Code) 19103				8f. No, decedent lived within limits of Philadelphia city/boro.			
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage) Jonathan Breslow					
12. Father / Parent's Name (First, Middle, Last, Suffix) Harry Lande				13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Esther Krouse					
14a. Informant's Name Jordan Breslow				14b. Relationship to Decedent Son		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) 200 W Washington Square #2609 Philadelphia, PA 19106			
15a. Place of Death (Check only one) <input type="checkbox"/> If Death Occurred in a Hospital: <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____				15b. Facility Name (If not Institution, give street and number) 112 S 19th Street #2303					
15c. City or Town, State, and Zip Code Philadelphia, Pennsylvania 19103				15d. County of Death Philadelphia					
16a. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____				16b. Date of Disposition April 10, 2020		16c. Place of Disposition (Name of cemetery, crematory, or other place) Ivy Hill Cemetery & Crematory			
16d. Location of Disposition (City or Town, State, and Zip) Philadelphia, Pennsylvania 19150				17a. Signature of Funeral Service Licensee or Person in Charge of Interment Jonathon D Levine (Electronically Signed)		17b. License Number FD138565			
17c. Name and Complete Address of Funeral Facility Levine & Sons Memorial Chapel Inc 4737 Street Road Trevoze, Pennsylvania 19053									
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input checked="" type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSw, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)									
19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____									
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander									
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Other (Specify) _____									
22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Assistant Vice President									
22b. Kind of Business/Industry Banking									
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				23a. Date Pronounced Dead (Mo/Day/Yr) 10:13 AM		23b. Signature of Person Pronouncing Death (Only when applicable)		23c. License Number	
23d. Date Signed (Mo/Day/Yr)				24. Time of Death 10:13 AM		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CAUSE OF DEATH									
26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.									
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Breast Cancer Due to (or as a consequence of):									
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. Due to (or as a consequence of):									
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I									
27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year				30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		32. Date of Injury (Mo/Day/Yr) (Spell Month)	
34. Place of Injury (e.g. home; construction site; farm; school)				35. Location of Injury (Street and Number, City, State, Zip Code)					
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		38. Describe How Injury Occurred:			
39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.									
Signature of certifier: Alana Sagin (Signature on File) Title of certifier: MD License Number: MD449185									
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) Alana Sagin 150 Monument Road Bala Cynwyd, Pennsylvania 19004								39c. Date Signed (Mo/Day/Yr) April 09, 2020	
40. Registrar's District Number 09-101				41. Registrar's Signature Linda P Eagen (Signature on File)				42. Registrar File Date (Mo/Day/Yr) April 11, 2020	
43. Amendments									



Jordan Breslow <jordanbreslow93@gmail.com>

Re: Donna Breslow v. State Street

1 message

Jordan Breslow <jordanbreslow93@gmail.com>

Fri, Apr 24, 2020 at 11:27 AM

To: "Buckingham, Wendy" <wbuckingham@littler.com>

Dear Wendy,

My mother passed recently, please the attached death certificate. I'm writing to inform that this legal matter is not over, we have her statements adequately recorded.

Frankly, I'm disgusted by State Street overall and in this matter. Waiting for a very sick woman to die instead of negotiating an equitable settlement in earnest; shameful!

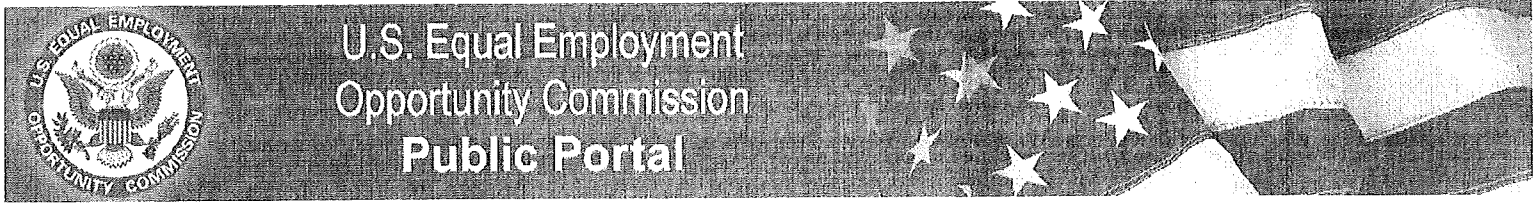
I'd encourage you to pass this along to your client. In my mother's passing I've heard from many of my mother's colleagues formerly at State Street. Additionally, I very tempted to renew my contacts with media folks, I appalled with State Street's conduct. And as long as I'm around I'll carry this in my heart.

I await your response.

-Jordan Breslow

**DonnaBreslowDeathCertificate.pdf**

1377K



Appointment Scheduling Step 2 of 3

Go Back (Default.aspx) EEOC Public Portal (<https://Publicportal.eeoc.gov/Portal/SupplementalInformation.aspx?From=530-2020-04631>)

There are no appointments available. If you have an urgent inquiry and need to schedule an appointment as soon as possible, PLEASE CALL 1-866-408-8075, EMAIL INFO@EEOC.GOV (mailto:info@eeoc.gov), OR CONTACT YOUR NEAREST EEOC OFFICE.

Appointment Date Selector

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			07/15/2020	07/16/2020	07/17/2020	07/18/2020
07/19/2020	07/20/2020	07/21/2020	07/22/2020	07/23/2020	07/24/2020	07/25/2020
07/26/2020	07/27/2020	07/28/2020	07/29/2020	07/30/2020	07/31/2020	08/01/2020
08/02/2020	08/03/2020	08/04/2020	08/05/2020	08/06/2020	08/07/2020	08/08/2020
08/09/2020	08/10/2020	08/11/2020	08/12/2020	08/13/2020	08/14/2020	

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*Again no
Availability*



Jordan Breslow <jordanbreslow93@gmail.com>

Re: 530-2020-04631

1 message

Jordan Breslow <jordanbreslow93@gmail.com>
To: INFO@eeoc.gov

Mon, Jul 13, 2020 at 11:04 AM

I need a telephone interview ASAP to obtain a Right to Sue Letter for a pending amendment to a pending Federal Lawsuit.

-Jordan Breslow

State Street
Reasonable Accommodation Request Form

State Street Reasonable Accommodation Request Form

State Street is committed to providing equal employment opportunity for qualified employees with disabilities, including providing reasonable accommodations. Following an employee's request for accommodation, State Street will assess the information provided by the employee and his/her doctor or healthcare provider pursuant to this Request Form. If State Street determines that a reasonable accommodation is appropriate, and would not result in an undue hardship on its business operations, the Company will engage with the employee to arrive at an appropriate accommodation.

Instructions for Completion of Reasonable Accommodation Request Form

- Please complete Section A, and provide this Form, with Section A completed, to your healthcare professional, and ask him or her to review Section A, complete Section B and return the Form to you.
- You should return the completed form to your Employee Relations Representative as soon as possible, but no later than two weeks from your initial request, or at least two weeks before the date on which you are requesting that the accommodation be made or commence, as applicable. Accommodations generally will not be made or commence until the Company has received and evaluated this form.
- If the accommodation you are requesting consists of an unpaid leave of absence for a determined amount of time or a period of intermittent leave, please consult with your Employee Relations Representative regarding the Company's Short and Long Term Disability Policies, and FMLA policy. Any leave provided as a reasonable accommodation will, if applicable, count toward your FMLA eligibility as well as your eligibility under any applicable state or local statute.

SECTION A: Accommodation Request Details (to be completed by employee)

<u>Breslow</u>	<u>Donna</u>	
Last Name	First Name	MI

<u></u>	<u></u>	<u></u>
Department	Internal Address	Employee ID Number

My functions/duties of my job are hindered by frequent medical treatments.
Please describe the functions of your position which are affected by your disability.

An extension of leave to recuperate which will/may
enable a return to my duties
Please describe the accommodation you are requesting to enable you to perform the functions of your position listed above.

A further extension of leave to fully recuperate will will/may
enable a return to my duties
Please describe any alternative accommodations that may enable you to perform the essential functions of your position.

State Street
Reasonable Accommodation Request Form**SECTION A continued (to be completed by employee)**

Employee Authorization and Release: I hereby authorize Donna Preslow (name of healthcare professional) to provide the information requested in Section B below, including copies of my medical records, to the Company and hereby release him/her from any and all claims or causes of action resulting from the disclosure of this information. I hereby waive any physician-patient privilege that may exist with respect to the confidentiality of the information provided in connection herewith.

Employee Signature

Date

SECTION B: Accommodation Request Documentation (to be completed by healthcare professional)

NOTE TO HEALTHCARE PROFESSIONAL: The State Street employee under your care has requested a reasonable accommodation for a disability. State Street requires documentation of the employee's disability, as well as information regarding the employee's functional limitations, in order to evaluate the employee's request for accommodation consistent with applicable law. You may either fill out the form below or provide alternative documentation which provides substantially the same information. State Street appreciates your cooperation in addressing its employee's request.

Patient has metastatic breast cancer, getting chemotherapy.
Please indicate the physical/mental condition(s) from which the employee suffers. only 3 weeks.

Patient has stage IV breast cancer, getting chemotherapy.
Please explain the nature, severity and expected duration of the condition(s). only 3 weeks, tolerating treatment well.

Patient can return to work with accommodations, possible shower
Please refer to the job functions the employee has identified in Section A as being affected by his/her disability, and indicate your assessment of the employee's ability to perform these or any other job functions. days, work from home.

Working from home, shorter work day, as per patient's function.
Please indicate whether you believe that there are accommodations the Company could reasonably make which would enable the employee to perform his/her position, and if so, please describe the accommodations you believe would enable the employee to perform his/her position.

For now 6-12 months, to be re-assessed in 6-12 months.
Please indicate the expected duration of the employee's need for accommodation.

Treating Healthcare Professional

Date:

8/8/19

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Joseph Firmani



Joseph Firmani

VP Operations at State Street

Greater Philadelphia Area · 47 connections

[Join to Connect](#)



State Street

Experience



VP Operations

State Street

Oct 2002 – Present · 17 years 10 months

View Joseph's full profile

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Get introduced

Contact Joseph directly

[Join to view full profile](#)

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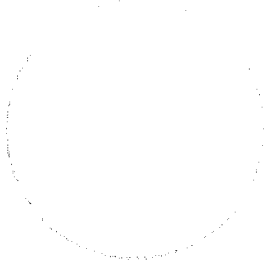
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Join now

Sign in

Gerry Chille

**Gerry Chille**

Vice President, COO for the Lazard Relationship
Greater New York City Area · 212 connections

Join to Connect



State Street Bank



Adelphi University

Activity



SJB 🐾 SWEETHEARTS ❤️ Dylan & Christina Kort 🏠 #SJBDHS
#SJBAlumni #CougarNation 🐾 #ForeverACougar #SJBSweethearts
#CougarsPast ⌚

Liked by Gerry Chille

Very excited to say two weeks ago, I accepted a full time therapist position at Yonkers Community Counseling Center within their Child...

Liked by Gerry Chille



Yesterday, I received my Masters degree and graduated with a 4.0 in Mental Health University. The last 2.5...

Liked by Gerry Chille

You're signed out



Sign in for the full experience

Sign in

Join now



Join now

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Gerry Chille



State Street Bank

Jan 2008 – Present · 12 years 7 months

As a Global COO I am responsible for all middle and back office service delivery to my clients. The services include Middle Office components of New Accounts, Transaction Management, Security Administration, Corporate Actions, Reconciliation, Recordkeeping, Fee Billing, Performance, GPS Composites, Client Reporting, and Data Delivery. Additionally the back office services include Global Custody, Global Fund Accounting services, and Global Markets.

Director

LAZARD

Lazard Asset Management

Jun 1993 – Aug 2008 · 15 years 3 months

As a Director of Lazard Asset Management I was responsible for 65 staff delivering middle and back office services to the Lazard Business units. I reported directly to Lazard's Chief Operating Officer.

Education**Adelphi University**

Masters in Business Administration · Management

1994 – 1997

Molloy College

Bachelor of Arts (BA) · Business, Management, M

1989 – 1991

You're signed out X

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Recommendations

A preview of what LinkedIn members have to say about G

Join now

" Gerry is a reliable employee. He is person that will give willing to assist his colleagues when there is a need. His concept on work ethics is exceptional.

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Gerry Chille

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Managing Director at State Street

Nathan Paul

Chief Business Officer at Lazard Asset Management



Sasha Jensen

Founder of Jensen Partners



James Kong

Managing Director at BlackRock - Retired

Justin Derman

Lead Developer at Roster.ninja



Crystal Breem

"Skillset can be taught, but mindset is priceless."

Edward Gertsberg

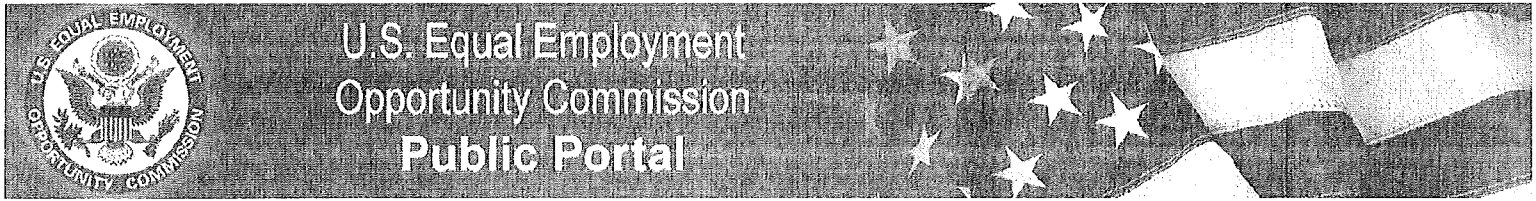
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07/26/2020	07/27/2020	07/28/2020	07/29/2020	07/30/2020	07/31/2020	08/01/2020
08/02/2020	08/03/2020	08/04/2020	08/05/2020	08/06/2020	08/07/2020	08/08/2020
08/09/2020	08/10/2020	08/11/2020	08/12/2020			

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Working to obtain
Right to Sue Letter.
Adm delays given
7/21/20 Health Crisis